

## **Supplemental Application Data Sheet**

### **Application Information**

Application number::	10/799,941
Filing Date::	03/11/04
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	1654
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Number of copies of CRF::	
Title::	NOVEL MULTYPEPTIDE REGIMEN FOR THE TREATMENT OF AUTISTIC SPECTRUM, BEHAVIORAL, EMOTIONAL AND VISCERAL INFLAMMATION/AUTOIMMUNE DISORDERS
Attorney Docket Number::	0019240.00477US2
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	
Small Entity?::	Yes
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency::	<u>NIH</u>
Contract or Grant Numbers::	<u>RO1 36363 (DAR)</u>

Secrecy Order in Parent Appl.?: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Martha  
Middle Name:: G.  
Family Name:: WELCH  
Name Suffix::  
City of Residence:: New York  
State or Province of Residence:: NY  
Country of Residence:: US  
Street of mailing address:: 952 Fifth Avenue - 7C

City of mailing address:: New York  
State or Province of mailing address:: NY  
Country of mailing address::  
Postal or Zip Code of mailing address:: 10025

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: David  
Middle Name:: A.  
Family Name:: RUGGIERO  
Name Suffix::  
City of Residence:: West Haven  
State or Province of Residence:: CT

Country of Residence:: US  
Street of mailing address:: 601 Washington Avenue

City of mailing address:: West Haven  
State or Province of mailing address:: CT  
Country of mailing address::  
Postal or Zip Code of mailing address:: 06516

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Muhammad  
Middle Name::  
Family Name:: ANWAR  
Name Suffix::  
City of Residence:: Spring Valley  
State or Province of Residence:: NY  
Country of Residence:: US  
Street of mailing address:: 12 Sarah Dr.

City of mailing address:: Spring Valley  
State or Province of mailing address:: NY  
Country of mailing address::  
Postal or Zip Code of mailing address:: 10977

#### **Correspondence Information**

Correspondence Customer Number:: 56949

#### **Representative Information**

Representative Customer Number:: 56949

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/518389	11/06/03

**Foreign Priority Information**

**Assignee Information**

Assignee name:: THE TRUSTEES OF COLUMBIA UNIVERSITY  
IN THE CITY OF NEW YORK

Street of mailing address:: 412 Low Memorial Library  
535 West 116th Street

City of mailing address:: New York

State or Province of mailing address:: NY

Country of mailing address::

Postal or Zip Code of mailing address:: 10027